Disclosure Re Use this form for ge	eport Cover neral report and committee	informat	tion, must be	JAN signed	2 9 201	b mitted along with o	Amendi		
Do not use this form	to update information					with the state of	iner dea	aned forms.	
1. Committee Infor	mation								
a. Full Name							c. ID	c. ID Number	
Committee to Elect Alan Toney						80	J6 XOM		
b. Mailing Address (include City, State and Zip Code)						d. Da	te Filed		
582 Mt. Lebanon Church Road						01	129/2016		
Bostic, NC 28018								one Number	
,									
2. Report Year	2 Davied Start Date ()		4. Period	End Da	ite				
2. Report Tear	3. Period Start Date (mm/s	(mm/dd/yy)		5. Treasurer Full		Name			
2014 07/01/2015			12/31/15			Andrea S. Poole			
6. Type of Commit			e of Report	(0		ly one type of report	from o	ne category)	
Candidate Camp	aign Party Referendum	Munici			State/C		Refer	rendum	
Independent	Joint Fundraiser		Organizational		Organizational			Organizational	
Expenditure Legal Expense F			Thirty-five day	'	1	Quarterly		Pre-referendum	
7. Type of Fund	(if applicable, check one)		Pre-primary		П	First	ln	Final	
Booster Fund"			Pre-election			Second	日日	Supplemental Final	
Building Fund			Pre-runoff			Third		Annual	
,			Semi-annual Mid Year		Ш	Fourth		Special	
Other:			Year End		П	Semi-annual Mid Year	10 5	Special Report Name	
as a second			Final			Year End	10. 5	рестат кероге таше	
8. Number of Fund	raisers this Report		Special			Final			
						Special			
11. Account Inform a. Financial Institution	A STATE OF THE STA					Information			
First Citiz				a. rina	nciai inst	titution Full Name			
b. Purpose	c. Account Code			b. Pur	oose		c. A	ccount Code	
Campaigr Finance	01								
Tingace.	d. Period Begin Balanc	e					d. P	eriod Begin Balance	
Pinance	s 27.32						3000	•	
CEDTIFICATION	401.00						\$		
is complete, true and	Printed Name of Signer	mmingl	ed with proh	ibited of tate Bo	or other pard of E	non-disclosed funds	, & 22D . I furth	0-22M of Chapter 163 of er certify that this report	
FOR OFFICE USE O	ONLY								
Date Received:			Employee:					ry <u>Method</u> Normal Mail	
Date Postmarke	d:		Employee:				□ F	Registered Mail Hand Delivered	
Date Scanned:			Employee:				□ E	Electronically Filed	
Date Data Enter	ed:		Employee:					Signer has not received nandatory training	
Please Note: Thi	is form cannot be used to an custodia You must amend the State	an of bo	oks informati	on, or	account	information.			

Amendment

CRO-1000 NC State Board of Elections August 2008

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		3. ID Number	
Committee to Elect AlanToney	emi Annual	8J6XOM	
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 27.32	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizatio	ns (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, 11d and 11e)	s 27.32	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 18.00	\$
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	\$ 18.00	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	\$ 9.32	\$	
ADDITIONAL INFORMATION	,		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	\$		
25) Administrative Support	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Amendment

No

Disbui Seli					Pg of	Yes No
Use this form to committees and	o report expenditures I coordinated party e	s from the commit	tee for	operating ex	penses, contribut	ions to candidate/political
1. Committee	Full Name (and Fur	nd if applicable)				2. ID Number
	Hee to El		Too	as I		856 XOM
3. Type of Dist		e use separate Ch			and tone of Dial	
Operating Exp	penses 🔲 Co	ntributions to Candida	itcs/Polit	ical Committee		ordinated Party Expenditures
4. Payee Inform	mation		_	Add	Remove	The second secon
	Mailing Address & Pl	hone		b. Coordinal	ted Committee Nam	e d. Comments
(include city, state	Andrew Control Control and the Control of the Contr	4 10 10 10 10 10 10 10 10 10 10 10 10 10	property.			0.00
First Citizens Bank				c. Level Reg	istered (Specify)	
				☐ Federal	County:	The Control of the Co
				State	Municipa	
A. A						\$ 54.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit	0	July	- Dec.	\$ 18.00	Bank Fees
					\$	
4. Payee Inform					Remove	
a. Full Name, Mail (include city, sta	ling Address & Phone te, & zlp)			b. Coordinat	ed Committee Name	d. Comments
	And the second s	22.00				
				The same of the sa	stered (Specify)	
				Federal	County:	
				L State	☐ Municipa	lity: e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		βλ. Ευ <u>τουριατικό που του που του του του του του του του του του τ</u>			\$	
					\$	
4. Payee Inforn				Add 🗆	Remove	
	Ing Address & Phone	The same and the s	17.50	b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)	74 24 - 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13				
				c. Level Regis	stered (Specify)	
				☐ Federal	County:	
				☐ State	Municipal	lity: e. Election Sum to Date
I = micros			Santa emple			\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
				т	\$	
		Can New York Control of the Mark		102 - 202	\$	
5. Total only th	is Page					\$ 18.00
	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Ope	rating Expense	25)	\$ 18.00
(This line goes in	line 13b of Detailed Sum line 13c of Detailed Sum	nmary Page CRO-110 mary Page CRO-110	0 if Con	trib to Candida	tes/Political Comm)	+ 10.00
	odes (List detailed				Expenatures)	
A* - Media	B* - Printin			undraising	D - To A	Another Candidate
E - Salaries	F* - Equip	ment		itical Party		lding Public Office Expenses
I - Postage O* Other	J - Penaltic	es	K* - O	ffice Expens		nation to Legal Expense Fund
The state of the s	e detailed explanati	on in required re	marke	field (Ir)		
	o deserved outstander	on mirequired re	THUIDS	HCIU (A)		

Disbursements

Amendment